

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-11	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 6, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

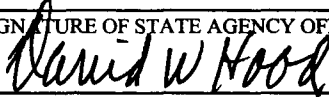
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130 and 447.321 447.201 and 447.304	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> (\$255.15) b. FFY <u>2003</u> (\$1,117.05)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Item 2a., Page 1. 4.19-B Item 4b, Page 1 4.19-B Item 13d, Page 1 4.19-B Item 13d, Page 1a (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 01-11) Same (TN 00-37) Same (TN 00-32)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to revise reimbursement for rehabilitation services provided to Medicaid recipients up to the age of three.**

11. GOVERNOR'S REVIEW (Check One):

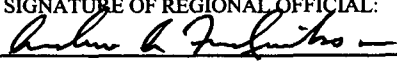
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 26, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 27 SEPTEMBER 2002	18. DATE APPROVED: 14 NOVEMBER 2002
---------------------------------------------	--------------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 6 JULY 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID

23. REMARKS:

★ ★ **SEE PEN AND INK CHANGES WITH THE ADDITION OF TWO ADDITIONAL PAGES**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 2.a., Page 1

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
447.321

Medical and Remedial
Care and Services
Item 2.a.

OUTPATIENT HOSPITAL SERVICES

Clinical diagnostic laboratory services are reimbursed at the lower of:

- 1) billed charges;
- 2) the State maximum amount for CPT codes (based on annual Medicare rates); or
- 3) Medicare Fee Schedule amount.

Outpatient surgeries are reimbursed at:

- 1) the State maximum amount for those procedures on the State fee schedule available in the Provider Manual; or
- 2) for those procedures not on the State fee schedule, the maximum rate paid on the State fee schedule as of July 1, 2001 (State fee schedule available in the Provider Manual).

Rehabilitation services (physical, occupational, and speech therapy). Rates for rehabilitation services are calculated using the base rate from fees on file in 1997. The maximum rates for outpatient rehabilitation services are set using the State maximum rates for rehabilitation services plus an additional 10%.

Rates for outpatient rehabilitation services provided to recipients up to the age of three are as follows:

Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 60 minutes	\$56.00
Visit with Procedure(s) 45 minutes	\$56.00
Visit with Procedure(s) 60 minutes	\$74.00
Visit with Procedure(s) 90 minutes	\$112.00
Procedures and Modalities 60 minutes	\$74.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00
OT 45 minutes	\$45.00
OT 60 minutes	\$60.00

STATE <u>Louisiana</u>	
DATE REC'D	<u>9-27-02</u>
DATE APP'D	<u>11-14-02</u>
DATE EFF	<u>7-6-02</u>
HCFA 179	<u>LA 02-11</u>

SUPERSEDES: IN- 01-11

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02
Supersedes
TN# 01-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b. Page 1

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services Item 4.b.

42-CFR

447.201 and Early and Periodic Screening and Diagnosis of Individuals under 21 Years of Age and Treatment of
447.304 Conditions Found Is Reimbursed as follows:

I. Basic EPSDT Services

- A. **Screening (Vision, Hearing, Dental, Medical) - Full and Interperiodic Screening** (including immunizations) is reimbursed according to a schedule of fees available in the EPSDT KidMed Provider Manual and Provider Updates minus any third party coverage.
- B. **Consultation With Nurse, Dietitian, or Social Worker** is reimbursed according to a schedule of fees available in the EPSDT KidMed Provider Manual and Provider Updates minus any third party coverage.
- C. **Dental Services** under the EPSDT program are reimbursed at the lower of:
1. the dentist's billed charges, or
 2. the State's established schedule of fees available in Provider Updates and the Dental Services Manual minus any third party coverage.
- D. **Eyeglass Services** are reimbursed subject to upper limits for payment of eyeglasses (including cataract eyeglasses and contact lenses) described in the Professional Services Provider Manual and Provider Updates.

Hearing Aid Services are reimbursed at the lower of:

1. the provider's actual charge for the services, or
2. the allowable fee for similar services covered under the State Plan.

Rehabilitation Services are reimbursed at the maximum allowable fee for occupational, physical, and speech therapy services according to the State's established schedule of fees available in the EPSDT Health Services Manual and Provider Updates minus any third party coverage.

Rates for services provided to recipients up to the age of three are published in the Provider Update and the EPSDT Health Services Manual. These rates are as follows:

Electrical Stimulation	\$17.00
PT-One Area-Therapeutic -30 minutes	\$17.00
PT-Neuromuscular Reed -30 minutes	\$17.00
PT-Gait Training -30 minutes	\$34.00
Orthotic Training	\$14.00
Kinetic Act One Area-30 minutes	\$14.00
Physical Performance Test	\$14.00
Physical Therapy Evaluation/Re-Evaluation	\$92.00

STATE Louisiana
DATE REC'D 9-27-02
DATE APPROV 11-14-02
DATE EFF 7-6-02
HCFA 179 LA 02-11

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02

Supersedes

TN# 00-37

SUPERSEDES TN# 00-37

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b. Page 1a

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

OCC Therapy Evaluation/Re-Evaluation	\$70.00
Speech/Language Evaluation/Re-Evaluation	\$70.00
Speech/Language Therapy 30 minutes	\$26.00
Speech/Language Therapy Add 15 minutes	\$13.00
Group Speech/Language/Hearing Therapy ½ hour	\$26.00
Speech Group Therapy 20 minutes	\$13.00
Speech Group Therapy Add 15 minutes	\$13.00
Group Speech/Language/Hearing Therapy 1 hour	\$52.00
Speech/Language/Hearing Therapy 20 minutes	\$17.00
Speech/Language/Hearing Therapy 60 minutes	\$52.00
Procedures and Modalities 30 minutes	\$34.00
Procedures and Modalities 45 minutes	\$52.00

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-27-02</u>	
DATE APPROV'D <u>11-14-02</u>	
DATE EFF <u>7-6-02</u>	
HCFA 179 <u>LA 02-11</u>	

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B
Item 13d. Page 1

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.130

Medical and Remedial
Care and Services
Item 13.d.

Other Diagnostic, Screening, Preventive, and Rehabilitative Services (i.e. other than those provided elsewhere in this Plan)

I. Rehabilitation Center Services

A. Reimbursement Methodology

Upon prior approval by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by a Title XVIII certified private or public rehabilitation center will be made based on a schedule of payment rates established by the Bureau of Health Services Financing and contained in the Rehabilitation Center Provider Training Manual.

Rates for services provided to recipients up to the age of three are as follows:

Group Speech /Language Hearing Therapy ½ hr	\$26.00
Speech Group Therapy Add 15 minutes	\$13.00
Group Speech/Language Hearing Therapy 1 hour	\$51.00
Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 30 minutes	\$26.00
Speech/Language/Hearing Therapy 45 minutes	\$39.00
Speech/Language/Hearing Therapy 60 minutes	\$52.00
Visit with Procedure(s) 30 minutes	\$34.00
Visit with Procedure(s) 45 minutes	\$51.00
Visit with Procedure(s) 60 minutes	\$68.00
Visit with Procedure(s) 75 minutes	\$85.00
Visit with Procedure(s) 90 minutes	\$102.00
CTR visit one/more modal /proc 15 minutes	\$17.00
Procedures and modalities 60 minutes	\$68.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00
OT 30 minutes	\$26.00
OT 45 minutes	\$39.00
OT 60 minutes	\$52.00

STATE	LOUISIANA
DATE REC'D	9-27-02
DATE ADJ'D	11-14-02
DATE EFF	7-6-02
HCFA 179	LA 02-11

SUPERSEDES TN# 00-32

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02
Supersedes
TN# 00-32

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

B. Standards for Payment

1. The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
2. The rehabilitation center must be Title XVIII certified.
3. Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-27-02</u>	
DATE APPROV	<u>11-14-02</u>	
DATE EFF	<u>7-6-02</u>	
HCFA 179	<u>LA 02-11</u>	

SUPERSEDES: NONE NEW PAGE

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02

Supersedes

TN# SUPERSEDES: NONE NEW PAGE